U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
1	. 5	2005		
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E				

1. File Number U - 680 /

3. Name and address of person filing

K Crotts

Name Tanif

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From;

Name Tanif K Crotts

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

	Labor Organization File	Number 030-237
P.O. Bax, Bldg., Room No., if any PO Box 265	P.O. Box, Building and R	toom Number, if any
Street	Street 208 S. Guth	rie
City Lamar	City Tulsa	
State Arkansas ZIP Code + 4 72846	State Oklahoma	ZIP Code + 4 74103
5. Position in labor organization. Business Manager		
Enter appropriate data below if, during the past fiscal year, you or your in (except as specified in the ex	spouse or minor child directly or xclusions set forth in the instructi	indirectly had any of the following interests ons):
A. Held an interest in, engaged in transactions (including loans) with. monetary value from an employer whose employees your organize	or derived income or other ecation represents or is active	onomic benefit of y seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Trans	saction, or income.
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., If any	7.b. Amount	
Street	7.D. ATIONIE	
City		
State ZIP Code + 4		
SI	gnature	
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	anying documents), has been exa	mined by the signatory and is, to the best of the
Signed Van Ciall	On 8/11/2004	918-503-5261
	Date	Telephone Number
Form LM-30 (2003)		Page 1 of 2

Name of Person Filing Tanif Crotte	File Number U-			
B. Held an Interest in or derived income or aconomic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	rerwise dealing with the business clively seeking to represent, or Indirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Youngdahl Youtz & Yougndahl	a. Labor Organizati			
Trade Name. if any:	b. Trust			
P.O. Box, Bldg., Room No., if any				
Street 420 Central \$ W, Suite 210				
City Albuquerque				
State New Mexico ZIP Code + 4 77546				
10 If 9.b. or 9.c. is chacked give trust or employer's name.	11.a. Nature of such dealing.			
Name	for Local 107 only.	ocal 107. Provided Legal Council		
Trade Name, if eny:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar value	of such dealing.		
Clty	12.a. Nature of interest held of	or income received.		
State ZIP Code + 4	1/14//04 Mr. Crotts received equaling \$73.98. Mr	a Christmas Basket (meat) . Crotts holds no ownership, received any income from		
	12.b. Amount.	\$74		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.			